RESET

Horizon Blue Cross Blue Shield of New Jersey

Unreimbursed Medical/Dependent Care Flexible Spending Account (FSA) Election Form

(Utilize the worksheet to help you determine your election for next year.)

Please return this form to your employer.

Employer Name: _____

Employee Name *(please print)*: _____

Social Security #: _____ Date of Birth:_____

Home Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____

Home Phone #: _____ Work Phone #: _____

Date of Hire: _____ Effective date: _____

First Payroll Date: _____ Payroll Frequency: _____

Unreimbursed Medical

☐ I elect to participate in the Unreimbursed Medical Flexible Spending Account. I direct and authorize my employer to reduce my annual salary for the plan year _____ by $ _____. I understand that my salary will be reduced in **equal amounts** from my regular paycheck.

☐ I elect **not** to participate at this time.

Dependent Care

The total amount I can deposit into my Dependent Care Flexible Spending Account cannot exceed the lesser of $5,000 ($2,500 for a married person filing separately) or my spouse's earned income. **If my spouse does not work and is not disabled or a full-time student, I cannot participate in the Dependent Care Spending Account.**

☐ I elect to participate in the Dependent Care Flexible Spending Account. I direct and authorize my employer to reduce my annual salary for the plan year _____ by $ _____ (maximum $5,000 – see above). I understand that my salary will be reduced in equal amounts from my regular paycheck.

☐ I elect **not** to participate at this time.

I understand the following: This election form will remain in effect and cannot be revoked or changed during the plan year, unless the revocation and new election are on account of, and consistent with, a change in family status (legal separation, divorce or marriage; birth or legal adoption of a child; death of a dependent; change in work status for you or your spouse; or change in cost or coverage for dependent care).

I can continue to file claims for expenses incurred during the plan year until three months following the end of the plan year. Funds not used during the plan year are forfeited*. In effect, I must use-it or lose-it.

* Unless your employer has adopted the rollover option.

Your Signature _____ Date _____

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Plan Enhancements

Interactive Website

Visit HorizonBlue.com/fsa.

- **Online Worksheets**
  - Dependent Care vs. Federal Tax Credit.
  - Unreimbursed Medical Worksheet.
- **Online Claim Entry Module**
  - Submit your Unreimbursed Medical and Dependent Care claims online. Receipts must be uploaded immediately to receive reimbursement.
- **Downloadable Forms**
  - Download and print Flexible Spending Account forms: FSA Election Form, Direct Deposit Enrollment, Change in Status and more.
- **Online Account Balance Inquiry**
  - Receive up-to-date account balance information.
- **Online Claim List**
  - Provides information on the most recent claims submitted.
- **Online Payment List**
  - Details the most recent FSA payments issued from your account(s).
- **Direct Deposit**
  - Participants will be able to elect direct deposit of FSA reimbursements into a checking or savings account.
- **Over-the-counter drugs**
  - Most eligible over-the-counter drugs will require a physician's prescription to be reimbursed under the FSA.

Worksheet

Unreimbursed Medical FSA		
List the amount you spent for:	Prior Year Actual Expenses	Projected Expenses
Deductibles/coinsurance/copayments	$	$
Eligible over-the-counter drugs with a prescription[1]	$	$
Vision care/LASIK eye surgery (eye exams, contact lenses and solutions and eyeglasses)	$	$
Routine exams if not covered by insurance (Ob/Gyn, well visits, etc.)	$	$
Prescription drugs (Does not include cosmetic prescriptions)	$	$
Chiropractor/acupuncturist/mental health visits	$	$
Travel costs related to medical care	$	$
List the amount you spent for out-of-pocket dental expenses:		
Examinations, cleanings and X-rays	$	$
Fillings, crowns and bridges	$	$
Orthodontics	$	$
Dentures, implants, periodontics	$	$
Total	$	Total $
Projected Unreimbursed Medical FSA deposit	$	$

Dependent Care FSA		
	Prior Year Actual Expenses	Projected Expenses
Dependent care services provided in your home[2]	$	$
Day care center	$	$
Preschool/Nursery school	$	$
Before- and/or after-school care	$	$
Summer day camp facility	$	$
Total	$	Total $
Projected Dependent Care FSA deposit	$	$

[1] Most of these eligible drugs will require a prescription to be reimbursable.

[2] Must provide taxpayer ID.

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Horizon Blue Cross Blue Shield of New Jersey

Three Penn Plaza East
Newark, NJ 07105-2200
HorizonBlue.com

Notice of Nondiscrimination

Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Horizon BCBSNJ does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Horizon BCBSNJ provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Information written in other languages

If you need these services, contact Horizon BCBSNJ's Director of Regulatory Compliance at the phone number, fax or email listed below.

If you believe that Horizon BCBSNJ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Horizon BCBSNJ – Director, Regulatory Compliance
Three Penn Plaza East, PP-16C
Newark, NJ 07105
Phone: 1-800-658-6781
Fax: 1-973-466-7759
Email: ComplianceAndEthicsOffice@HorizonBlue.com

You can file a grievance in person, or by mail, fax or email. If you need help filing a grievance, Horizon BCBSNJ's Director of Regulatory Compliance is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

Office for Civil Rights Headquarters
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 or **1-800-537-7697** (TDD)

Complaint forms are available at **www.hhs.gov/ocr/office/file/index.html**.

Horizon Blue Cross Blue Shield of New Jersey

If you need help understanding this Horizon Blue Cross Blue Shield of New Jersey information, you have the right to get help in your language at no cost to you. To talk to an interpreter, please call **1-800-355-BLUE (2583)** during normal business hours.

Spanish (Español): Si necesita ayuda para comprender esta información de Horizon Blue Cross Blue Shield of New Jersey, usted tiene el derecho de obtener ayuda en su idioma sin costo alguno. Para hablar con un intérprete, sírvase llamar al **1-855-477-AZUL (2985)** durante el horario normal de trabajo.

Chinese (中文)：如果您需要幫助來理解這份新澤西州地平線藍十字藍盾 (Horizon Blue Cross Blue Shield of New Jersey)資料，您有權免費獲得以您的語言提供的協助。欲聯絡翻譯人員，請於上班時間致電 **1-800-355-BLUE (2583)**。

Korean (한국어): 가입자는 Horizon Blue Cross Blue Shield of New Jersey에 관한 정보를 이해하기 위해 주로 사용하는 언어로 무료로 도움을 받을 권리가 있습니다. 통역사의 도움을 받으려면 정상 업무 시간 동안에 **1-800-355-BLUE (2583)**로 전화해 주십시오.

Portuguese (Português): Se precisar de ajuda para entender estas informações da Horizon Blue Cross Blue Shield of New Jersey, você tem o direito de receber gratuitamente assistência no seu idioma. Para falar com um intérprete, ligue para: **1-800-355-BLUE (2583)** no horário normal de trabalho.

Gujarati (ગુજરાતી): જો તમને આ ન્યુ જર્સી માહિતીનાં હોરાઈઝન્સ બ્લૂ ક્રોસ બ્લૂ શીલ્ડને સમજવા મદદની જરૂર હોય તો, તમને તમારી ભાષામાં કોઈ પણ ખર્ચ વગર મદદ મેળવવાનો અધિકાર છે. કોઈ દુભાષિયા સાથે વાત કરવા, કૃપા કરીને સામાન્ય બિઝનેસ કલાકો દરમિયાન **1-800-355-BLUE (2583)** પર ફોન કરો .

Polish (Polski): Jeżeli potrzebujesz pomocy, aby zrozumieć informacje planu Horizon Blue Cross Blue Shield of New Jersey, masz prawo poprosić o bezpłatną pomoc w języku ojczystym. Aby skorzystać z pomocy tłumacza, zadzwoń pod numer **1-800-355-BLUE (2583)** podczas normalnych godzin pracy.

Italian (Italiano): Se vi serve aiuto per capire queste informazioni della Horizon Blue Cross Blue Shield of New Jersey, avete diritto ad assistenza gratis nella vostra lingua. Per parlare con un interprete, siete pregati di telefonare al numero **1-800-355-BLUE (2583)** durante le normali ore d'ufficio.

Tagalog (Tagalog): Kung kailangan mo ng tulong sa pag-unawa nitong impormasyon ng Horizon Blue Cross Blue Shield of New Jersey, may karapatan kang humingi ng tulong sa iyong wika nang walang gastos sa iyo. Upang makipag-usap sa isang taga-interpret, mangyaring tumawag sa **1-800-355-BLUE (2583)** sa loob ng karaniwang mga oras ng negosyo.

Russian (Русский язык): Если вам необходима помощь в разъяснении этой информации, предоставленной компанией Horizon Blue Cross Blue Shield of New Jersey, у вас есть право на получение помощи на вашем родном языке бесплатно. Для связи с переводчиком звоните по номеру телефона **1-800-355-BLUE (2583)** в обычные рабочие часы.

Haitian Creole (Kreyòl ayisyen): Si ou bezwen èd pou konprann enfòmasyon sou Horizon Blue Cross Blue Shield of New Jersey, ou gen dwa pou jwenn èd nan lang natifnatal ou gratis. Pou pale avèk yon entèprèt, tanpri rele nimewo **1-800-355-BLUE (2583)** pandan lè nòmal biznis.

Hindi (हिंदी): यदि आपको न्यू जर्सी की इस होराइज़न ब्लू क्रॉस ब्लू शील्ड सूचना को समझने में सहायता की ज़रूरत है, तो आपके पास मुफ्त में अपनी भाषा में सहायता पाने का अधिकार है। किसी दुभाषिए से बात करने के लिए, कृपया सामान्य कार्य समय के दौरान **1-800-355-BLUE (2583)** पर कॉल करें।

Vietnamese (Tiếng Việt): Nếu cần được giúp đỡ để hiểu rõ thông tin này của Horizon Blue Cross Blue Shield of New Jersey, quý vị có quyền được giúp đỡ bằng ngôn ngữ của mình miễn phí. Xin gọi số **1-800-355-BLUE (2583)** trong giờ làm việc để nói chuyện với người thông dịch.

French (Français): Si vous avez besoin d’assistance pour comprendre ces informations au sujet de Horizon Blue Cross Blue Shield of New Jersey, vous avez le droit d’obtenir de l’aide dans votre langue, sans aucun frais. Pour parler avec un interprète, veuillez appeler le **1-800-355-BLUE (2583)** pendant les heures normales de bureau.

Navajo (Diné): Díí New Jersey bił hahoodzo Horizon Blue Cross Blue Shield, t’áá ninizaad k’ehjí baa hane’íí bik’i diitįįh bee shiká’ a’doowoł nínízingo éí bee ná’ahoot’i’ dóó doo bąąh ílíní da. Ata’ halne’é ła’ bich’į’ hadeesdzih nínízingo t’áá shǫǫdí **1-800-355-BLUE (2583)**jį’ nida’anishgo oolkiłíí bik’ehgo hodíílnih.

Arabic (عربي): إذا كنت بحاجة إلى المساعدة في فهم معلومات Horizon Blue Cross Blue Shield of New Jersey، لديك الحق في الحصول على المساعدة بلغتك دون تحملك أية تكلفة. للتكلم مع مترجم، يرجى الاتصال خلال ساعات العمل العادية بالرقم **1-800-355-BLUE (2583)**.

Urdu (**اردو**)**:** اگر آپ کو نیوجرسی انفارمیشن کے اس آسمانی نیلے رنگ والے تیز نیلے رنگ والے شیلڈ کو سمجھنے میں مدد کی ضرورت ہے تو، آپ کو اپنی زبان میں بغیر کسی خرچ کے مدد حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، براہ کرم، معمول کے کاروباری اوقات میں **1-800-355-BLUE (2583)** پر کال کریں۔